

UNITED STATES DISTRICT COURT

DISTRICT OF

MASSACHUSETTS

Liarrante Sumbry,)
 [Type or print your name on the line above])

v.

CECIL DAVIS,)
 [Type or print only the name of the first)
 person you are suing.])

05 - 10414 JLT

Cause No. _____
 [If you are appealing, put the case number
 here. If this is a new case, leave this blank,
 the clerk will supply the number.]

PRISONER PETITION TO PROCEED IN FORMA PAUPERIS

I, Liarrante Sumbry, offender number _____,
 declare that I am unable to prepay the full filing fees and costs of this proceeding,
 or to give security because of my poverty. I believe that I am entitled to redress
 and I petition the court for leave to proceed *in forma pauperis* in my:

☐ 42 U.S.C. § 1983 Civil Rights Complaint

☒ 28 U.S.C. § 2254 Habeas Corpus Petition

☐ 42 U.S.C. § 1983 Civil Rights Appeal

☐ 28 U.S.C. § 2254 Habeas Corpus Appeal

1. Do you work? ☒ NO ☐ YES, I earn \$ _____ per month.
2. Do you receive idle pay? ☐ NO ☒ YES, I receive \$ 15 per month.
3. Have you ever filed a lawsuit in the United States District Court for the
 Southern District of Indiana? ☐ NO ☒ YES
4. Have you ever filed a lawsuit in a federal court outside of Indiana?
☐ NO ☒ YES, in the Southern District of Florida in the year 2004.
 [Attach additional sheets if needed.]

I declare **under penalty of perjury** that the foregoing is true and correct.

Signed this 12 day of November, 2004.

Liarrante Sumbry
 Your Signature

NOTE: You must have a prison official fill out the certificate on the back of this form and attach a copy of your prisoner trust account statement for the last six months.

OFFICIAL CERTIFICATE OF PRISONER ACCOUNT

I certify that LARRIANTE SUMBRY has \$.83 in his/her prisoner trust account. I certify that during the last six (6) months (or _____ month(s) if the prisoner has been confined less than six months) that the prisoner's

average monthly BALANCE was \$.07,

and that the prisoner's average monthly DEPOSITS were \$ 8.63.

I certify that **I have attached** a true and correct copy of the **prisoner trust account statement** for the last six months or for the duration of his/her confinement at this institution if less than six months.

Signed this 12th day of November, 2004.

Carol Fisch

Signature of Authorized Officer

CAROL FISCH ACCOUNT CLERK

Printed Name and Job Title

INDIANA STATE PRISON

Name of Institution